

to this abscess, with the formation of a tubo-ovarian cyst by the disappearance of the wall of separation, as before.

Waldstein claims that he has found between the tube and ovarian cyst a connecting membrane, which he thinks represents the organized sac of a previous hæmatocele. This theory the writer is unwilling wholly to accept, because of the frequency of double tubo-ovarian cyst as compared with the rare occurrence of double tubal gestation. Double pyosalpingitis, on the contrary, is quite common.

Sarcoma of the Uterus.—KNOTT (*Annals of Surgery*, 1901, No. 2) has collected 118 cases, the average age of the patients being thirty-seven years. In 40 cases the disease developed in the muscular wall of the uterus, in 33 in the endometrium, and in 29 the cervix was primarily affected. Attention is called to the frequency of sarcomatous degeneration of fibromyomata, especially cervical polypi.

Pain, hemorrhage, and a watery discharge are the initial symptoms, cachexia being a late manifestation.

The prognosis is bad. The mortality in 86 cases after total extirpation of the uterus was over 60 per cent. Pulmonary metastases are most to be feared.

Vaporization of the Uterus.—LACHMANN (*Münchener med. Wochenschrift*, 1901, No. 22) reports 32 cases from Pfannenstich's clinic, including 12 cases of climacteric hemorrhage and 14 of hemorrhagic endometritis in young women. The writer states that while it is impossible to exactly control the action of steam upon the endometrium, the bad results reported by different observers were due partly to imperfect technique. He is opposed to the use of steam for the purpose of sterilizing the uterine cavity in septic puerperal cases, inoperable carcinoma, etc. Climacteric hemorrhage is the principal indication; hæmophilia is another. The results in younger women are often unsatisfactory; 6 out of the 14 cases reported were temporarily benefited.

FUCHS (*Ibid.*) reports the results of atmocautis in the Kiel clinic. The technique is as follows: In the absence of evidence of adnexal disease the cervical canal is dilated with tupelo tents, and after palpation of the uterine cavity it is thoroughly curetted and irrigated. Steam at a temperature of 115° to 120° C. is then introduced for from twenty to forty seconds. Twenty-two cases of climacteric hemorrhage are reported, treated during the course of six months. In 6 the flow ceased; in 7 after ceasing for several weeks the menstrual flow became regular; in 9 the hemorrhages returned, but were less profuse.

The writer believes that the indications for atmocautis are limited to cases of climacteric menorrhagia and to those of metrorrhagia in "bleeders."

It is important, he insists, to introduce the protecting tube not over half an inch above the os internum; hence the necessity of carefully measuring the length of the cervical canal beforehand.

Cancer of the Vagina in Proclidentia.—FLECK (*Centralblatt f. Gynäkologie*, 1902, No. 4) reports the case of a nullipara, aged forty-three years,

with complete procidentia, in whom a large ulcerating surface was present on the vagina. Microscopical examination showed it to be epithelioma. The disease had advanced so far that an operation was impossible, and she died a month later with double pyelonephritis. The writer calls attention to the infrequent occurrence of cancer of the prolapsed vagina, only four cases having been reported.

Air as a Hæmostat.—KEILING (*Münchener med. Wochenschrift*, 1901, Nos. 38 and 39) from a series of experiments in animals and cadavers finds that in cases of intraperitoneal hemorrhage air has a decided hæmostatic action. He introduces it through a trocar (after filtration through cotton), the pressure being indicated by a manometer. A pressure of 50 mm. checks bleeding from arteries of considerable size. The method is recommended in desperate cases of internal hemorrhage with profound shock, presumably where immediate abdominal section is contraindicated.

Functional Results of Ventrosuspension.—BRINKMANN (Inaugural Dissertation; abstract in *Centralblatt f. Gynäkologie*, 1902, No. 6) analyzes 118 cases from the Bonn clinic. Of these 42 were cases of movable retroflexion; in 30 the uterus was adherent; 46 in which the adnexa were diseased were not considered.

Fifty patients were kept under observation. Of 26 with movable uterus 10 were cured or relieved, and in 16 there was no improvement. Only 50 per cent. of the 22 cases of adherent retroflexion could be regarded as cured.

The writer concludes that in a considerable proportion of cases of retroflexion (with and without adhesions) the symptoms are *not* due to the malposition.

Hysterectomy in a Young Child.—LORTHOIR (*Journ. de Chir. et Annal. de la Soc. belge de Chir.*, 1901, No. 8) reports the case of a girl, aged three years, from whom he removed a fibroma which grew from the cervix uteri and protruded from the vulva. Three months later another growth appeared as large as the first, and was shown microscopically to be a round-celled sarcoma. With great difficulty the entire uterus was removed by morcellation, the little patient making a good recovery. Two months later the pelvis was filled with a tumor the size of the fetal head. It was removed by abdominal section, with the adnexa, but death occurred in twelve hours.

Use of Pessaries in Retroflexion.—KOBLANCK (*Centralblatt f. Gynäkologie*, 1902, No. 20) reports 104 cases of movable retroflexion treated with pessaries, of which five were cured; that is, the uterus remained in normal position from nine to twenty-four months after removal of the instrument. In six other patients a permanent cure was probably obtained. Twenty-two patients were entirely relieved as long as they wore the pessary. The writer, after trying various models, gives the preference to Thomas' pessary.

Pseudomyxoma of the Peritoneum.—FRAENKEL (*Münchener med. Wochenschrift*, 1901, No. 24) discusses the opposing views of Werth and Olshausen, the former teaching that this condition is secondary to the rupture of an